



Tennessee's Individual Education Program (IEP)

From ____/____/____ to ____/____/____
____ Initial ____ Annual ____ Interim ____ Addendum

Student: ____ Birthdate: ____ Grade: ____
Last First Middle Mo/Day/Yr

Student Social Security/ID#: ____ Sex: ____ M ____ F Ethnic Group: I B A H W ____
(Specify)

Relationship to Student: (Circle One) Parent Guardian Surrogate

Name: ____ Home Phone: ____
Last First Middle

Address: ____ Work Phone: ____

Student's Residence (if different): ____ Home Phone: ____

Attending School: ____ Home/School (if different): ____

Current Descriptive Information:

Describe the child's strengths: ____

Describe the concerns of the parents regarding their child's education: ____

Describe how the child's disability affects involvement and progress in the general curriculum: ____

Student's Name: _____

Write "Yes" or "No" under "Exceptional" column for each area assessed. Remember "Exceptional" areas require a completed Goal Sheet.

Area Assessed	Present Levels of Performance Levels of functioning, should, when applicable, include norm referenced and/or criterion referenced data, as well as descriptive information on the student's deficit areas.	Sources of Information	Date	Exceptional Yes/No
Prevocational /Vocational				

Consideration of Special Factors for IEP Development:

- ◆ Does the child have limited English proficiency? ___ Yes ___ No. If yes, what is his/her primary mode of language? _____
- ◆ Is the child blind or visually impaired? ___ Yes ___ No. If yes, does the child need instruction in Braille? _____
- ◆ Does the child have communication needs? ___ Yes ___ No. If yes, what are they? _____
 - ◆ Is the child deaf or hard of hearing? ___ Yes ___ No. If yes, did the IEP Team consider:
 - ◆ the child's language and communication needs; ___ Yes ___ No
 - ◆ opportunities for direct communications with peers and professional personnel in the child's language and communication mode; ___ Yes ___ No
 - ◆ necessary opportunities for direct instruction in the child's language and communication mode? ___ Yes ___ No
- ◆ Is assistive technology necessary in order to implement the child's IEP? ___ Yes ___ No. If yes, what is needed? _____
- ◆ Does the child's behavior impede his/her learning or that of others? ___ Yes ___ No. If yes, the IEP Team has addressed the child's behavior in the following way(s):
___ Functional Behavior Assessment, ___ Behavior Intervention Plan, ___ Accommodations, ___ Goals and Objectives, ___ Other.
- ◆ Where in the IEP is this information located? _____

Student's Name: _____

Has a comprehensive vocational evaluation been administered? ____ Yes ____ No

Transition Services Planning (Beginning at **age 14**, or younger)

Desired Post School Outcomes

Employment:_____

Post-Secondary Education/Training:_____

Independent/Supported Living:_____

Community Involvement:_____

Transition Service Needs

Grade: 9 Course of Study: _____

Grade: 10 Course of Study: _____

Grade: 11 Course of Study: _____

Grade: 12 Course of Study: _____

Transition Services (Beginning at **age 16**, or younger)

Service Area	Need Yes/No	Activities/Strategies (All activities/strategies that are the responsibility of special education and are to be implemented this year must be reflected in goal sheets.)	Agency/Responsibilities
Instruction:			
Related Services:			
Community Experiences:			
Employment & Post-school Adult Living Objectives:			
Daily Living Objectives: (if appropriate)			
Functional Vocational Evaluation: (if appropriate)			

Documentation of other agency participation in planning and the person responsible for contacting agency(s) if a representative did not attend: _____

If the student was not in attendance, how were the student's preferences and interests considered? (Check all that apply.)

____ Student interview ____ Student survey ____ Student portfolio ____ Vocational Assessments ____ Interest Inventory ____ Other: _____

Measurable Annual Goals and Benchmarks/Short-term Instructional Objectives for IEP and Transition Activities

Student's Name: _____

Goal ____ of ____

Area of Need: _____ Personnel/Position Responsible: _____

Annual Goal: _____

Benchmarks/Short-Term Instructional Objectives	Anticipated Beginning Date	Criteria for Mastery	Methods Of Evaluation	Actual Date(s) & Results of Evaluation	Report of Progress					
		Refer to "Codes" Section below			1st	2nd	3rd	4th	5th	6th
1.										
2.										
3.										
4.										

Supplementary Aids/Services and Support _____			Report of Progress 1. No progress made* 2. Very little progress being made towards goal* 3. Some progress being made towards goal, or 4. Goal has been met, And 5. Anticipate meeting goal by IEP end, or 6. Do not anticipate meeting goal by IEP end. N/A Not applicable. Objective not covered during this grading period		*If 1 or 2, due to: (a) Lack of prerequisite skills, (b) more time needed, (c) inadequate assessment, (d) excessive absences/ tardies, or (e) other: _____ Date Progress Report Sent to Parents: 1st Grading Period _____ 2nd Grading Period _____ 3rd Grading Period _____ 4th Grading Period _____ 5th Grading Period _____ 6th Grading Period _____																	
Program Modifications/Supports for School Personnel: _____																						
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LRE and General Education:Explain the extent, if any, in which the student **will not** participate with non-disabled peers in:

- ♦ the regular class: _____
- ♦ extracurricular and nonacademic activities: _____
- ♦ his/her LEA Home School: _____

Special Transportation:

Does student require special transportation? ____ Yes ____ No. If yes, please explain: _____

Extended School Year:

Date ESY program was/will be determined: _____. ESY program _____ is _____ is not to be provided.

IEP Participants: (The following individuals attended the IEP Team and participated in the development of this Individualized Education Program.)

Position	Signature	In Agreement		Date
Parent	_____	____ Yes	____ No	_____
LEA Representative	_____	____ Yes	____ No	_____
Special Education Teacher	_____	____ Yes	____ No	_____
Regular Education Teacher	_____	____ Yes	____ No	_____
Student (if appropriate)	_____	____ Yes	____ No	_____
Interpreter of Evaluation Results	_____	____ Yes	____ No	_____
_____	_____	____ Yes	____ No	_____
_____	_____	____ Yes	____ No	_____
_____	_____	____ Yes	____ No	_____

Informed Parental Consent:

- ____ Yes ____ No I certify that I am the legal parent(s) / guardian(s) / surrogate(s) of this child.
- ____ Yes ____ No I have been informed of and understand my rights as a parent, and have received a copy of my rights.
- ____ Yes ____ No I have been involved in the IEP Team meeting and/or the development of this IEP, and give permission for the proposed program described in this IEP for my child.
- ____ Yes ____ No My child and I have been informed of his/her right to represent himself/herself upon his/her eighteenth birthday. (Note: This information must be provided beginning at least one year prior to the student's 18th birthday.)

Parent/Guardian/Surrogate Signature_____
Date_____
Student Signature_____
Date

Date IEP was given to parent(s) _____. If the parent(s) did not attend, the person responsible for forwarding and explaining the contents of the IEP to the parents along with their rights is _____.

Documentation of IEP Review by Other Teachers not in Attendance:

_____ Signature	_____ Date	_____ Signature	_____ Date
_____ Signature	_____ Date	_____ Signature	_____ Date
_____ Signature	_____ Date	_____ Signature	_____ Date